CITY OF BRANSON SIGN PERMIT APPLICATION

Phone (417) 337-8549 / Fax (417) 334-2391

	APPLICATION NUMBER:			
/ PROJECT NAME:				
ESS OF SIGN:				
APPLICANT:				
CTOR: CONTRACTOR PHONE #				
FRACTOR LICENSE #	(Re	auired)		
FAX #:		-	EMAIL:	
ENSIONS:		_CLEARAN	CE BELOW SIG	N:
OF ATTACHMENT (PRO	OVIDE WALL SECTION	DRAWING)	:	
	INDICATE SIGN TYPE AND Q	QUANTITY		
DING: MONUMENT	Γ: WALL: RO	OF: P	PROJECTING:	OTHER:
UNDER CANOPY: _	AWNING/CANOPY	Y-SIGNAGE:	DIRECT	TIONAL:
NE: ON-PREMISE	E ADVERTISING 📮 OF	FF-PREMIS	E ADVERTISIN	G 🗖
NE: REPAIR / MO	DDIFY • NEW •	RELOC	CATE 🗖	
Site Plan provided included premises, building front Survey required for all Removing of trees as a Landscape Plan Requipall new freestanding, nulluminated sign: Provide location of disconnect seasons.	luding the following: Scaled tage, sign setbacks & propert I new Freestanding or Monura result of the sign installation ired for all new Freestanding neers calculations and drawnonument, roof, marquee and delectrical drawings show switch and service NOTE: Money of the sign of the service of	ty lines ment signs n g & Monumer wings for 90 n and larger pr ing cabinet w lust be Lister	nt signs mph wind load Rec rojecting signs viring, amperage, v d or wired to UL	quired for oltage, etc Standards
	SS OF SIGN: SS OF SIGN: PPLICANT: FOR: FAX #: FAX #: ALL INFORMATION MUST ION OF WORK: DISTONS: OF ATTACHMENT (PRO ON-PREMISI NE: ON-PREMISI NE: REPAIR / MO FR NO ON THE ITEMS LISTE Site Plan provided incepremises, building from Survey required for all Removing of trees as a Landscape Plan Request 2 sets of stamped enginall new freestanding, I Illuminated sign: Provideation of disconnect is Scaled drawings of significance of sig	SS OF SIGN: PPLICANT: PPLICANT: FAX #:	SS OF SIGN: PPLICANT: PPLICANT: TOR: CONTRACTO RACTOR LICENSE # (Required) FAX #: MOBILE: ALL INFORMATION MUST BE PROVIDED BEFORE YOUR APPLICATION ION OF WORK: CNSIONS: CLEARAN OF ATTACHMENT (PROVIDE WALL SECTION DRAWING) INDICATE SIGN TYPE AND QUANTITY DING: MONUMENT: WALL: ROOF: FUNDING: MONUMENT: WALL: ROOF: FUNDING: MONUMENT: WALL: ROOF: FUNDING: REPAIR / MODIFY NEW RELOCK REPAIR / MODIFY NEW RELOCK REPAIR / MODIFY RELOCK REPAI	SS OF SIGN: CONTRACTOR PHONE #

CONTINUED ON BACK

Estimated Value of the Project: \$

Note:

- The sign contractor is responsible for coordination of all related trades during the installation, and inspections of this sign.
- All subcontractors on this project must have a valid Branson Contractors License, issued by the Finance Department.
- All new illuminated signs are required to have final approval before being energized.

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information provided is correct. I further certify that I have read and understand and will comply with all the provisions outlined hereon. I also certify that the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the sublet property.

Date:	Owner / Owner's agent:		
	Print Name:		
Date:	Sign Contractor:		
	Print Name:		
with the provisions of all laws and ordinate performance of construction. This permit	all not be construed to release the owner or owner's agents from the obligation to comply nances, including federal, state and local jurisdictions, which regulate construction and becomes null and void if the construction work authorized is not begun within 180 days for final inspection and approval the work is suspended or abandoned for a period of 180		
For	Required Inspections Call: (417) 337-8505		
For W	ater and Sewer Locates Call: (417) 243-2731		
Staff Use Only			
Restrictions:			
Permit Approved By:	Date:		